

NOTE:
Registrant
complete and
sign both copies.

This is a permanent
legal record. Use
typewriter or write
plainly with
unfading ink.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

DELAYED CERTIFICATE OF BIRTH

Page No _____

NAME
AT BIRTH _____

FirstMiddleLast

SEX _____

DATE
OF BIRTH _____

Mo. Day Yr.

ATTENDANT
AT BIRTH _____

BIRTH-
PLACE (City or Town) _____

COUNTY _____

FATHER

FULL
NAME _____
BIRTHPLACE
RACE _____
(State or Foreign Country) _____

MOTHER

FULL MAIDEN
NAME _____
BIRTHPLACE
RACE _____
(State or Foreign Country) _____

I hereby declare under oath that the above statements are true to the best of my knowledge.

SIGNATURE OF REGISTRANT _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

SEAL

Date Notary Public Commission Expires _____

Notary Public or
Register of Deeds _____

REGISTRANT: DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY REGISTER OF DEEDS.

PART
I

ABSTRACT OF SUPPORTING EVIDENCE

DATE OF ORIGINAL RECORD

1. _____

2. _____

3. _____

4. _____

PART
II

REGISTRANT'S BIRTH DATA OBTAINED FROM ABOVE DOCUMENTS

BIRTHDATE OR AGE	BIRTHPLACE	NAME OF FATHER	MAIDEN NAME OF MOTHER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

ADDITIONAL INFORMATION:

I certify that the evidence described above was examined by me or my agent.

SEAL

Date _____ Signature _____, Register of Deeds

I certify that the above-named person has no prior birth certificate on file in this office.

Date Filed _____, State Registrar

DHHS 1871
Revised 3/05
Vital Records